

Pectoralis Major Repair Postoperative Rehab Protocol

REHAB PROTOCOL

Immediate Postoperative Phase: 0-2 weeks postoperative

Goals	<ul style="list-style-type: none"> • Protect the surgical repair and ensure wound healing • Limit pain and inflammation, prevent stiffness
Sling	<ul style="list-style-type: none"> • Use sling when up and walking and when sleeping • Come out of sling 3-5 times a day for light passive stretching
Range of Motion	<ul style="list-style-type: none"> • Gentle active and passive elbow, wrist, and hand range of motion as tolerated • No passive or active shoulder motion
Strengthening	<ul style="list-style-type: none"> • No strengthening

Passive Motion Phase: 2-6 weeks postoperative

Goals	<ul style="list-style-type: none"> • Protect the surgical repair • Limit pain and inflammation • Gradually increase passive range of motion
Sling	<ul style="list-style-type: none"> • Use sling when up and walking and while sleeping • Come out of sling 3-5 times a day for light passive stretching
Range of Motion	<ul style="list-style-type: none"> • PROM Limits: <ul style="list-style-type: none"> ○ Forward elevation: 45 degrees, progress 10 degrees/week ○ Abduction: 30 degrees, progress 10 degrees/week ○ External rotation: no greater than 30 degrees
Strengthening	<ul style="list-style-type: none"> • No strengthening

Active Motion Phase: 6-12 weeks postoperative

Goals	<ul style="list-style-type: none"> • Protect the surgical repair • Begin and improve active range of motion • Achieve near full active elevation for ADLs
Sling	<ul style="list-style-type: none"> • Discontinue sling use (unless otherwise specified).
Range of Motion	<ul style="list-style-type: none"> • Progress PROM, AAROM, and AROM as tolerated
Strengthening	<ul style="list-style-type: none"> • Periscapular isometrics • 8 Weeks <ul style="list-style-type: none"> ○ Light isometrics of the shoulder

Progressive Strengthening Phase: 12-16 weeks postoperative

Goals	<ul style="list-style-type: none"> • Ensure full active range of motion • Progress strengthening
Range of Motion	<ul style="list-style-type: none"> • At this point it is important for the therapist to assess the patients AROM and fine tune it in terms of proper glenohumeral and scapulothoracic kinematics. <ul style="list-style-type: none"> ○ If the patient is “shrugging” excessively then this implies either glenohumeral stiffness or rotator cuff weakness. ○ If stiffness seems to be a problem, then more aggressive stretching exercises, in the direction of stiffness, are allowed. ○ If rotator cuff weakness seems to be a problem, light isometric exercises, in addition to closed chain and AROM exercises should be the focus in order to help the patient regain near full AROM.
Strengthening	<ul style="list-style-type: none"> • Progress strengthening <ul style="list-style-type: none"> ○ Free weight pec flies with low weight (2 pounds) and high repetitions ○ Free weight bench press with low weight (10-20 pounds) ○ Partial pushups while body weight is supported on ball, progressing to full pushups ○ Wall plyometrics

Advanced Strengthening Phase: 16+ weeks postoperative

Goals	<ul style="list-style-type: none"> • Progressive strengthening
Range of Motion	<ul style="list-style-type: none"> • Goal is for full, painless AROM
Strengthening	<ul style="list-style-type: none"> • Advance all strengthening and sport specific training as tolerated • No more than 50% 1 rep maximum bench press until 6 months postoperative
Return to Sport/Heavy Work	<ul style="list-style-type: none"> • Gradually increase sports specific training • Return to sports/heavy work pending clearance from Dr. Schuette <ul style="list-style-type: none"> ○ Typically, no sooner than 5-6 months

Please have physical therapist call Dr. Schuette’s office with any questions: (952) 442-6943